

fail in their present attempts to bring out, for vote by the Assembly and State Senate, a compromise measure embodying elements of each of these two bills.

Up to the time of this writing, the enactment of a legislative bill to have the electorate vote on some form of referendum dealing with compulsory sickness does not seem imminent.

The advocates of the C.I.O. proposals assert, if they are unsuccessful in their efforts at Sacramento, they will promptly circularize petitions among the voters for an initiative compulsory sickness law. That threat cannot lightly be put aside.

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The Task Before the Medical Profession.—

From the foregoing, it is evident that the battle concerning compulsory sickness legislation is still joined. More than that, and not to be forgotten by members of the medical profession, is the fact that the agitation for sickness insurance legislation will continue to be carried on during the years ahead, until some kind of law designed to make adequate medical and hospitalization care available for all citizens—with special reference to the indigent, the medically-indigent, and the near medically-indigent groups—will have been enacted.

The task of the medical profession is to formulate provisions that will provide fullest possible medical care for all citizens, without lessening the quality or standards of medical service. Since the bills submitted by Governor Warren and the C.I.O. would make for greater inadequacies in medical care than exist at present, they are being and must continue to be opposed.

If an Interim Committee of the Legislature is appointed—and that seems possible—the medical profession must be in position not only to give irrefutable facts and reasons concerning the public health menaces involved in the Governor Warren and C.I.O. bills, but to submit an outline of procedures whereby adequate medical care would be made available to all citizens of the State, without destroying the best elements of medical practice as now carried on.

The battle is not over. There is much work ahead. The active thought and aid of every Doctor of Medicine is solicited and needed.*

Our principal task now is to extend tuberculosis control activities so as to reach the greatest number of workers and their families in the shortest possible time, making full use of all private and public resources. With energetic use and concerted action, the final eradication of tuberculosis from the United States is well within our grasp.—H. E. Hilleboe, M.D., and D. M. Gould, M.D., U.S.P.H.S., *Jour. A.M.A.*, May 27, 1944.

* Items concerning Sacramento and other proceedings appear in this issue for the information of members, and for historical record. (See pages 276-289. Index of items, on page 275.)

The attention of members is also called to the illuminating address given by President Lowell S. Goin, "The Philosophical Background of Compulsory Health Insurance," which appears in the current issue, on page 247.

C.M.A.'S 74TH ANNUAL SESSION

C.M.A. Scientific Sections Held Successful Meetings.—This year's Annual Session of Sunday-Monday, May 6-7, held by the California Medical Association in Los Angeles is now of the past. In spite of the skeletonized program, the scientific and business meetings were carried through in excellent manner. The thirteen Scientific Sections, in co-sponsorship with the Los Angeles County Medical Association, held meetings at which good attendance was present. Addresses and papers to a total of one hundred were given. Many of these will appear in *CALIFORNIA AND WESTERN MEDICINE* during the coming year. Elsewhere in this issue is given the program, with names of speakers and digests of their papers.

* * *

House of Delegates.—The meetings of the House of Delegates were marked by the introduction of fewer resolutions than in previous years. The special session in January last, and the compulsory sickness legislation now pending before the California Legislature may explain in part why unity was so much in evidence in this May meeting at Los Angeles.

All delegates in attendance were seated. No controversial issue arose to require a re-allocation of voting units.

The directives of the Federal Office of Defense Transportation, requiring that the number of official delegates needing rail transportation be less than fifty, made it impossible for many members from the Northern section of the State to attend. It is to be hoped that next year the travel restrictions will have been lifted, so that C.M.A. members who have enjoyed the annual reunions may again have opportunity to meet colleagues and friends from other sections of the State, and participate in the scientific and other proceedings.

* * *

Retiring and Newly Elected Officers.—With the adjournment of the House of Delegates on Monday, May 7, the term of Doctor Lowell S. Goin as president of the California Medical Association came to a close. However, he was not relieved from responsibilities, since the Administrative Members of California Physicians' Service elected him a member of the Board of Trustees of that nonprofit, voluntary prepayment plan of medical care; and the Board when it organized, elected Doctor Goin as president of C.P.S.—Doctor Ray Lyman Wilbur of Stanford having requested to be relieved of further duty as C.P.S. president. The House of Delegates and Administrative Members expressed their deep regard for the services so ably rendered during the last several years by Doctors Goin and Wilbur in their respective organizations.

President-Elect Philip K. Gilman of San Francisco, duly inducted into office as president of the California Medical Association for the coming year, was not set free of other duties, since the

C.M.A. Council insisted on reelecting him to the position of chairman of that body, where he has so efficiently presided in the past.

The new President-Elect is Doctor Sam J. McClendon of San Diego, whose past services for organized medicine in his own district and for the State-at-large made him a worthy recipient of the honor that has come to him.

New members of the Council are Doctor Jay J. Crane, elected to represent the Second Council District (Los Angeles), and Doctor Walter S. Cherry of Rialto (San Bernardino County) who becomes a Councilor-at-large.

The Association voices its appreciation to all retiring officers for their loyal services, and expresses to newly elected officials, best wishes for successful administrations.

* * *

Minutes of the House of Delegates.—Most of the scientific meetings were held in the Elks Temple. The facilities of the headquarters of the Los Angeles County Medical Association were also made available for the House of Delegates. The minutes of the proceedings of the House will appear in the June issue of the OFFICIAL JOURNAL.

The House voted to hold next year's session in Los Angeles.

* * *

Resolution of the House Concerning Dues.—The responsibilities of members in civilian practice to colleagues in military service received careful consideration, as may be noted in the resolution fixing next year's C.M.A. dues at one hundred dollars. The resolution giving the reasons for the increase in State Association dues, which was also unanimously adopted by the House of Delegates, follows:

"With respect to the annual dues for next year, the Council in submitting its recommendation to the House, has been guided by the following circumstances:

"(a) Loss of revenues in the past three years, due to waiver of dues of members in the Armed Services, now numbering over 2,200.

"(b) Need for adequate funds to aid doctors returning from the Armed Services and, in general, to assist during the inevitable disruption of relocation from war- to peace-time practice.

"(c) Need for adequate funds for postgraduate studies, and refresher courses for doctors whose practices have been restricted, due to military service or work in war industrial areas.

"(d) Need for further funds to promote more widespread participation in voluntary medical and hospital prepayment plans; and

"(e) Necessity of reestablishing the reserves of the Association, which are being constantly diminished by costly national and state public relations activities and increased cost of operation of all Association functions.

"In view of the foregoing, the Council unanimously recommends that the annual dues for 1946 be fixed at one hundred (\$100.00) dollars per member."

EDITORIAL COMMENT†

CHEMO-PROPHYLAXIS OF INFLUENZA

Considerable theoretic interest is attached to the current demonstration by Wheeler and Nungester¹ of the University of Michigan that intraperitoneal administration of atropine sulfate has a marked prophylactic effect on experimental influenza infection in mice. The PR-8 strain of influenza A virus was used in these experiments. The mice were inoculated under light ether anesthesia by intranasal instillation of 0.05 cc. of a 1:100,000 dilution of a suspension of infected mouse lungs, the inoculum containing approximately 1 m.l.d. of influenza virus. Mice were given 0.1 cc. of a 1 per cent solution of atropine sulfate intraperitoneally from 15 minutes to 12 hours before inoculation. This represents about one-sixth the toxic dose for mice, or the equivalent of about 30 times the therapeutic dose for man. In control groups without atropine the death rate averaged about 51 per cent. Among the 120 mice given atropine from 15 minutes to 3 hours before inoculation the average death rate was but 22 per cent. With those given atropine from 6 to 12 hours before inoculation, no reduction in death rate was noted. Atropine was also without therapeutic effect if given from 5 to 20 minutes after inoculation. As a possible explanation of the ability of atropine to increase resistance to influenza virus, Wheeler assumed that aspiration of mucous secretions, present in excess following ether anesthesia, aids in the establishment of the virus infection. Inhibition of this excessive secretion would therefore lessen the severity of the virus infection. This finding is in accord with his previous demonstrations of the increased virulence of virus suspensions by the addition of gastric mucus.² The finding is of suggestive clinical interest as throwing new light on the probable mechanism of air-borne influenza infection.

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REFERENCES

1 Wheeler, A. H., and Nungester, W. J., *Science*, 100:523 (Dec. 8), 1944.

2. Wheeler, A. H., and Nungester, W. J., *Science*, 96:92, 1942.

It is the depth at which we live, and not at all the surface extension that imports.

—Emerson, *Society and Solitude: Works and Days*.

I wish to preach, not the doctrine of ignoble ease, but the doctrine of the strenuous life.

—Theodore Roosevelt, *Speech*, Hamilton Club, Chicago, April 10, 1899.

† This department of CALIFORNIA AND WESTERN MEDICINE presents editorial comments by contributing members on items of medical progress, science and practice, and on topics from recent medical books or journals. An invitation is extended to all members of the California Medical Association to submit brief editorial discussions suitable for publication in this department. No presentation should be over five hundred words in length.